## I-191, Application for Advance Permission to Return to Unrelinquished Domicile

(See instructions on Page 3. Please type or print plainly in black ink.)							FEE STAMP						
						Alien Registration Number							
							Date						
(1) I hereby appl	y for permission to	return to the	he United States	s under the author	rity conta	ained in S	Section 21	2(c) of t	he Imm	igration and	l Nationality Act.		
MY NAME IS:	(.	First)			(Mid	dle)				(Last)			
DATE OF BIRTH: (mm/dd/yyy) PLACE OF BIRTH: (City, province,					country	untry) I AM A CITIZEN OF: (Cour					N OF: (Country)		
PRESENT ADI	DRESS: (Street and	number, a	pt. no., city, sta	te, country)									
	y admitted to the Ui	nited State											
PORT OF ENT	RY/DHS OFFICE:		Ι	OATE: (mm/dd/yy	(עעי	NAME	OF VESS	EL OR	ОТНЕР	R MEANS (	OF CONVEYANCE		
	mission I have depa												
Port DEPARTED FROM THE UNITED  Date (mm/dd/yyyy) Vessel			ED STATES RETURNE sel or Other Means of Conveyance Port			D TO THE UNITED STATES  Date Vessel or Other M  Conveyance			Means	PURPOSE OF TR			
(4) During the pa	ast seven years I hav	e resided	at the following	places: (List pre	esent add	dress first	<u>'</u> )						
(Complete Address - Include Apt. No.)						From			From -				
											Present time		
(5) During the pa	ast seven years I hav	e been en	nployed as follo	ws: (List present	employ	ment first	)	'					
From - To -			Employer's Name			Address				Occupation or Type of of Business			
(6) My immedia	te family (spouse u	nmarried r	ninor children a	nd parents) consi	sts of the	e followir	ng persons						
(6) My immediate family (spouse, unmarried minor children  Name Relation			Relation	Date and Country of Birth				Citizen of		Pr	Present Address		
(7) I	end to or have)	depart(e	ed) temporarily	from the United S	States on	or about			and	will remain			
in				approximate			(Date - m	m/dd/yy	yy)		for the purpose of		
	(Cou	ntry)		; and expect			(Leng ission at _	th of Tir	ne)				
									a north	(Port)	IIT COMDIETED		

I understand that the information herein contained may be used in any criminal or civil proceedings, including removal, hereafter instituted against  I certify that the statements above are true and correct to the best of my knowledge and belief.    Signature of Applicant								
I certify that the statements above are true and correct to the best of my knowledge and belief.    (Signature of Applicant)	(8) I believe I may be inadmissible to the United States for the following re-	easons:						
I certify that the statements above are true and correct to the best of my knowledge and belief.    (Signature of Applicant)								
I certify that the statements above are true and correct to the best of my knowledge and belief.    (Signature of Applicant)								
I certify that the statements above are true and correct to the best of my knowledge and belief.    (Signature of Applicant)								
CSignature of Applicant	I understand that the information herein contained may be used in any	criminal or civil proceeding	s, including removal,	hereafter instituted against me.				
CSignature of Applicant	I certify that the statements above are true and correct to the best of m	ny knowledge and belief.						
Signature of person preparing form, if other than applicant  I declare that the document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.  (Signature) (Address) (Date)  Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD	•							
Signature of person preparing form, if other than applicant  I declare that the document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.  (Signature) (Address) (Date)  Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD	(Signature of Applicant)							
Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD	Signature of person prepari	ng form, if other th		,				
Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD	I declare that the document was prepared by me at the request of the appl	icant and is based on all inf	formation of which I h	ave any knowledge.				
Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD								
Decision:  Application granted upon the following terms and conditions:  DATE OF ACTION DD	(Signature)	(4.1.1 · )		(D )				
Application granted upon the following terms and conditions:  DATE OF ACTION DD		(Address)		(Date)				
Application granted upon the following terms and conditions:  OF ACTION DD	l		DATE					
DD	Application granted upon the following terms and conditions:		OF ACTION					
DISTRICT								
			DISTRICT					

## **Instructions to the Applicant**

## Read instructions carefully. Fee will not be refiunded.

- **(A) Where to Submit Application.** This form, when completely executed, should be submitted to the District Director of the Bureau of Citizenship and Immigration Services (CIS) having jurisdiction over your place of permanent residence.
- **(B)** Fee. A fee of \$250.00 must be paid for filing this application. It cannot be refunded, regardless of the action taken on the application. Do not mail cash. All fees must be submitted in the exact amount. Payment by check or money order must be drawn on a bank or other institution located in the United States and be payable in United States currency.

If applicant resides in Guam, the check or money order must be payable to the "Treasurer Guam." If the applicant resides in the U.S. Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands."

All other applicants must make the check or money order payable to the "U.S. Department of Homeland Security."

When check is drawn on account of a person other than the applicant, the name of the applicant must be entered on the face of the check. If the application is submitted from outside the United States, remittance may be made by bank international money order or foreign draft drawn on a financial institution in the United States and payable to the U.S. Department of Homeland Security in U.S. currency. Personal checks are accepted subject to collections. An uncollected check will render the application and any document issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

- **(C) Attachments.** If the space provided in the form is insufficient to answer a question fully, you should attach a sheet(s) of paper containing your answer that should be numbered to correspond to the question.
- **(D) Absences.** In number **3**, where absences have been numerous as a resident alien border crosser or as a seaman, it will be sufficient to give the approximate number of such absences during the years covered.
- **(E) Reasons for Inadmissibility.** List specifically and in detail your reasons for possible inadmissibility. For example, if the application is made because the applicant may be inadmissible due to conviction of a crime, state in the application the designation of the crime, the date and place of its commission and of conviction therefor, and the sentence or other judgement of the court. In the case of a disease, mental or physical defect or other disability, give an exact description, duration thereof and date and place last treated.
- **(F) Exceptions to Execution of Application.** If the applicant is mentally incompetent or is under 14 years of age, the application shall be executed by his parent or guardian.

**Information and CIS Forms.** For information on immigration laws, regulations and procedures and to order CIS forms, call our National Customer Service Center at **1-800-375-5283** or visit the CIS internet website at **www.uscis.gov**.

Our Authority for Collecting This Information. The authority for collection of the information requested on this form is contained in 8 U.S.C. 1103(a). Submission of the information is voluntary. The principal purpose for which the information is solicited is for use by a District Director of the Bureau of Citizenship and Immigration Services to determine whether the applicant is eligible for advance permission to return to an unrelinquished domicile pursuant to the provisions of section 212(c) of the Immigration and Nationality Act, 8 U.S.C. 1182(c). To elicit further information during the course of investigation, the CIS may as a matter of routine use, in order to carry out its function, disclose the information to other Federal, state, local, and foreign law enforcement and regulatory agencies, the U.S. Department of Defense, including any component thereof (if the applicant has served, or is serving in the Armed Forces of the United States), the U.S. Department of State, Central Intelligence Agency, Interpol, and individuals and organizations. Failure to provide any or all of the solicited information may result in the denial of the application.

**Reporting Burden.** A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about the law and form, and reading and understanding the form, 5 minutes; 2) completing the form, 5 minutes; 3) assembling and filing the form, 5 minutes, for an estimated average of 15 minutes per response. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Bureau of Citizenship and Immigration Services, HQRFS, 425 I Street, N.W.; Room 4034, Washington, DC 20529, OMB No. 1615-0016. **Do not mail your completed application to this address.**